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DECLADATION	LEOD LITHUTY OD	Attorney Docket Nu	mber	DDE-31004(1)		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Invento	r	Laughner, Michael K		
		COMPLETE IF KNOWN				
		Application Number	09/849,203			
		Filing Date	4, 2001			
		Group Art Unit	1713			
with Initial Filing		Examiner Name				

As a below named inventor, I hereby declare that:										
My residence, post office address	, and citizenship are	as stated below next to my	name.							
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Ethylene/Alpha-Olefin Polymer Blends Comprising Components with Differing										
Ethylene Contents										
the specification of which	the specification of which (Title of the Invention)									
is attached hereto OR										
was filed on (MM/DD/YYY	() May 4, 200	1 as Unite	ed States Applicati	ion Number or PCT International						
Application Number 09/849,2	03 and w	as amended on (MM/DD/Y	YYY)	(if applicable).						
I hereby state that I have reviewed			tified specification	, including the claims, as						
amended by any amendment spec	•									
I acknowledge the duty to disclose	information which is	material to patentability as	defined in 37 CFF	₹ 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?						
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s)	Filing Dat	e (MM/DD/YYYY)								
60/203,298	05/11/2000		Additio	nal provisional application						
numbers are listed on a supplemental priority data shee										
	03/11/2000		number	rs are listed on a						
	03/11/2000		number suppler	rs are listed on a						

[Page 1 of 2]

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DECLA	RATION	<u> </u>	tilit	y or l	Desig	n Pater	nt App	licatio	n
Ihereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
U.S. Parent Application or PCT Parent Parent Filing Date Number (MM/DD/YYYY) (if applicable)									
								•	
	r PCT international ap								
As a named inventor, I and Trademark Office of	hereby appoint the fol connected therewith: [	X Custon	ner Num	ber 022	202	e this application  ation number list	$\longrightarrow \lceil$	t all business in Place Cust Number Bar Label he	omer Code
				tration				Regi	stration
Nan	ne		Nun	nber	_	Nam	<u> </u>	Nu	mber
Additional registere	ed practitioner(s) name	ed on suppl	emental	Registered	Practitioner	Information shee	et PTO/SB/020	attached here	eto.
Direct all correspond	Direct all correspondence to: X Customer Number or Bar Code Label 022202 OR Correspondence address below								
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Address									
Address						т			
City		State ZIP							
Country		Те	lephor	ne			Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
Name of Sole or First Inventor:								entor	
Given Nar	Given Name (first and middle [if any]) Family Name or Surname								
Michael K. Laughner									
Inventor's Signature	Mucha	11		35/.				Date	7-12-01
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Post Office Address	, jound to the state of the sta								
Post Office Address				· · · · · · · · · · · · · · · · · · ·		<del>-</del>			
City	Lake Jackson Sta	te TX		ZIP	77566		Country	US	
X Additional inventor	ors are being name	d on the	l su	pplement	al Additiona	Il Inventor(s) sl	neet(s) PTO/	SB/02A attac	hed hereto

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if a	ıy:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]	)		Family Name or Surname					
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City Lake Jackson	State TX		ZIP 77566	Countr	y US			
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Inventor's Christiain	Day	nie Date 7/23						
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.  Mailing Address F-01710 Thorry								
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